PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMEN # P98000099481									
FLORIDA	HOME REALTY, INC.	•							
Principal Place of Business Mailing Address						- I (MBE) PRI IIN 19181 (M13) Abstr Antis Baitt Antin	IBITA Jesti ataal Ja	101 1761 1881	!
8649 N.W. 43RD	COURT	8649 N.W. 43RD COURT							
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065						DO NOT WRITE IN THE	SSPACE		
		,				3. Date Incorporated or Qualifed			
						11/30/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEL Number 009 1/70	<u> </u>	blied For	ĺ
21		26				65-08/06/		Applicable	
. Suite, Apt.	#, etc	_ Suite, Apt. #, etc.			-	5. Certificate of Status Desired	- \$8.75 A Fee Re		,
22 Cib. • Cia	to	City & State				6. Election Campaign Financing	\$5.00	·	
City & Star	(8	28			<u> </u>	Trust Fund Contribution	Added t		
Zip	Country	ZipCountry				8. This corporation owes the current year Intangible			
24	25	29 30				Personal Property Tax. Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent		٠,
AHD	REACCI TRINA		- 1	81 Nam	•				ď
8649 N.W. 43RD COURT			Ţ	32 Stree	t Addre	iress (P.O. Box Number is Not Acceptable)			
	AL SPRINGS FL 33065			83		<u>.</u>			,
	- Di III/00 i E 0000		L						
				B4 City		F	85 Zip C	ebo	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the ab	ove-name	d corpo	pration submits this statement for the purpose	f changing its	registered	٠
	registered agent, or both, in the State of im familiar with, and accept the obligati	M FIORDS SUICH CHANGE WAS BUILD	onzea:	ov tna co:	poratio	n's board of directors. I hereby accept the app	अप्रतासकार क्षत्र । स्त	heieren	•
SIGNATURE									ł
	Signature, typed or printed name of registered agent			gent signatur	Lechnoo	ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	28 IN 12	8
TITLE	T	CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	CR2E034.(11/98)
NAME	ID IANDREACCI, DAN	<u></u>	1.2 NA		1				¥
STREET ADDRESS				EET ADDRES	s				낊
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CIT		1				2
TITLE	D	DELETE	2.1 TITL	E			Change	☐ Addition	ပ
NAME	DONOFRIO, DENIS S	NOFRIO, DENIS S 22		E					i
STREET ADDRESS	1366 NW 112TH TERRACE		2.3 STREET ADDRESS		S				j
CTTY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP		1		Change	Addition	
TITLE	,	DELETE 3.1TI				•			
NAME	}		3.2 NAME						
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CITY-ST-ZIP			4.1 TIL		1		Change	Addition	
NAME -		_	4.2NW						
STREET ADDRESS			4.3 STRE		3				
CITY-ST-ZIP			4.4 CIT	/- ST-ZIP	↓				}
TITLE				5.1 TITLE			Change	☐ Addition	İ
NAME	,		5.2 NAA			•			í
STREET ADDRESS	į			EET ADORES (-ST-ZIP	"			i	•
CITY-ST-ZIP		DELETE	6.1 TITL		+		Change	☐ Addition	
NAME		ا مانداد			1				
I HANNE			6.2 NA	E					
STREET ADDRESS				EE Eet adores	s				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 1000

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90228 033 ***150.00